FEC FORM 9

RECEIVED FEC MAIL CENTER

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR AUG 15 AM 10: 11 ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations					
(a) Name DEFENDERS OF	WILDLIF	E ACTI	ON FU	ND	
(b) Address (number and street)			2. FEC Identi	2. FEC Identification Number	
(a) City State and ZID Code	20036		C1900	0.79.0.7	
(d) Name of Employer or Principal Place of Business	2005-	(e) Occupat	ion		
		=======================================			
New		<u>Ø</u>	7 28 2	008	
3. Is This Statement or	4. Covering	Period	through	008	
Amended	<u> </u>	<u> </u>	alai karataris) kis		
5. (a) Date of Public Distribution(s)	8 2008	(b) Communication	Title PRICES"	AND "RAISIN	
6. The filer is a(n): (a) Individual (b) Uninc	corporated Organizati	ion (c) Qualifie	d Nonprofit Corpora	ation (11 CFR 114.10)	
(d) Corporation, Labor Organization or Qua		,			
(e) Other, specify:				 	
7. If the filer is an individual, unincorporate	d organization or q	ualified nonprofi	t corporation,	Yes No	
were the disbursements made exclusive					
8. Custodian of Records (a) Name					
NILLIAM LUTZ		·			
(b) Address (number and street) 1130 17 th St NW (c) City, State and ZIP Code					
(c) City, State and ZIP Code					
(d) Name of Employer or Principal Place of Business	20056	(e) Occupa	tion		
DEFENDERS OF WILL	DIFE ACTI	ON FUND	SENION	R DIRECTOR	
9. Total Donations This Statement				0	
10. Total Disbursements/Obligations This St	atamont		7 000		
	u.caiciil	نائدينا	1,30,2,0	Z II	
Under penalty of perjury, I certify that this stateme	ent is true, correct and	complete.			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM WILLIAM LUTZ					
SIGNATURE	118	DATE _{	2/4/2	008	